

Douglas A. Ducey
Governor



Craig Seitz, D.C., L.Ac.
Chairman

Mario Fontes, L.Ac.
Secretary

Acupuncture Board of Examiners

1740 W. Adams
Phoenix, Arizona 85007

Telephone (602) 364-0145 • Fax (602) 542-3093

David Geriminsky
Executive Director

ACUPUNCTURE LICENSE APPLICATION
A.R.S. § 32-3924 and R4-8-203

Scope of license:

Unrestricted practice of acupuncture in the State of Arizona.

License Period:

One year and may be renewed annually

REQUIREMENTS FOR LICENSURE

1. Evidence of successful completion of **Clean Needle Technique Course** as approved by the Board.
2. Meets **ONE** of the following requirements:
 - a. Have been certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), or its successor organization, **OR**
 - b. Passed all the following NCCAOM modules:
 - i. Point Location Module
 - ii. Foundations of Oriental Medicine Module
 - iii. Biomedicine Module, and
 - iv. Acupuncture Module, **OR**
 - c. Have been certified in acupuncture by another certifying body **OR** examination that is recognized by the Board (State of California Acupuncture Examination), **OR**
 - d. Have been licensed by another state with substantially similar standards, **AND** have not had certification or licensure revoked.
3. Graduation from or completion of training in a Board approved program of **acupuncture** with:
 - a. A minimum of **1,850 hours of training**.
 - b. Of the 1,850 hours, at least **800 hours** must be in Board approved clinical training.
4. Disclosure and evidence of all active and past professional health care licenses and certificates issued by this state, another state, district or territory of the United States.
5. A photograph taken within the past year, not less than 2" x 2".
6. Submit this application with your notarized signature to the address above.
7. Pay application fee and license fee in the amount of \$425.00 (R4-8-106 (A)(1) and (A)(2))
8. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits form.

9. A full set of fingerprints to be submitted to the FBI and AZ Department of Public Safety and \$22.00 money order made payable to the AZ Department of Public Safety

FEE SCHEDULE

Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners**. **Do not send cash.**

Application Fee (non-refundable):	A.R.S. § 32-3927(A)(2)	\$150.00
License Fee*:	A.R.S. § 32-3927(A)(1)	\$275.00
	Total:	\$425.00
Fingerprint Processing Fee**:		\$22.00

***The license fee is paid at the time of application.**

****The fingerprint processing fee must be paid by money order to the AZ Department of Public Safety**

Per. A.R.S. § 41-1080.01, if your family income does not exceed 200% of the Federal Poverty Guidelines, you may qualify for a one-time waiver of the Board's application/licensing fee of \$425.00. If you think you may qualify for this fee waiver, please check here _____ and enclose a copy of your family's previous year's federal tax return.

A.R.S. 41-1030(B) An Agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or conditions.

A.R.S. 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

Received: _____

Receipt#: _____

Check#: _____

Amount: _____

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Other names known by: _____

Date of Birth: _____

Social Security Number: _____

HOME ADDRESS

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

BUSINESS ADDRESS

Employment Status Self Employed Have an Employer

Business Name or Employer Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone (Home/Mobile): _____

Email: _____

PROFESSIONAL HEALTHCARE LICENSURE AND CERTIFICATION

Are you permitted by law to practice a healthcare profession in Arizona, another state, territory, or district of the United States, or another country or subdivision of another country?

If so, please list the jurisdiction(s) in which you have been permitted by law to practice healthcare profession:

Healthcare Profession	License Number	Date Issued	Expiration Date	Limitations on License	Status of License

Yes No Are you certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM)? If so Provide a copy of the Certification.

Is your certification active and current? _____
 Issue date of certification: _____
 Expiration date of certification: _____

If you are not certified by the NCCAOM:

Yes No Have you passed all the following NCCAOM modules: Point Location; Foundations of Oriental Medicine; Biomedicine; and Acupuncture?

OR

Yes No Have you passed the State of California Acupuncture Licensing Examination?

OR

Yes No Have you passed an examination in acupuncture, other than listed above?

Name of organization: _____

Contact information of organization: _____

EDUCATION AND TRAINING

Yes **No** **Have you completed an acupuncture program accredited in the United States?**

Yes **No** **Have you completed a minimum of 1,850 hours of training and at least 800 hours of clinical training?**

Yes **No** **Have you successfully completed a Board approved clean needle technique course? If so provide a certificate of completion including the name of the course, date it was taken and its location.**

School of Graduation and Location	Dates of Attendance	Diploma or Degree Obtained
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Applicants must contact the degree issuing school to request and have an official transcript sent directly to the Board.

CHARACTER AND FITNESS

Yes **No** **Has any acupuncture licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, ever refused or denied you a license or certificate to practice acupuncture, or revoked, suspended, limited, restricted, or taken any other action regarding your license or certificate to practice acupuncture?**

Yes **No** **Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?**

Yes	No	Have you ever been convicted of a crime, other than a minor traffic offense? Include pleas of guilty and no contest, conviction for driving under the influence of drugs or alcohol.
Yes	No	Has a claim for malpractice ever been made against you or has a lawsuit ever been filed against you, alleging professional malpractice or negligence in the practice of acupuncture?
Yes	No	Has any health care facility ever terminated, restricted, or taken any other action regarding your employment, professional training, or privileges, or have you ever voluntarily or involuntarily resigned from a health care facility while under investigation?

If you answered YES to any question, you must attach a letter of explanation, and documents or records that have original (not photocopied) signature, stamp or seal of the official authorized to maintain the records or documents.

NOTICE: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

Signature of Applicant: _____

Date: _____

Notary Section

**IN THIS SPACE ATTACH
A PHOTOGRAPH
TAKEN WITHIN THE PAST YEAR**